Report of Separation and Advance Payroll Information

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

EMPLOYER: Please complete this form as soon as possible and return to CalPERS.

Section 1	**Employing Agency and Member Information**

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

_____
Name of Employing Agency

This member has applied for disability retirement.

_____   _____ – ___ – _____
Name of Member (First Name, Middle Initial, Last Name)   Social Security Number

_____
Requested Retirement Date (mm/dd/yyyy)

Section 2	**Effective Separation or Termination Dates**

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

_____   _____   _____
Separation Date (mm/dd/yyy)   Termination Date (mm/dd/yyyy)   Last Day on Pay Status (mm/dd/yyyy)

Leave of Absence With Compensation

_____   _____   _____
Beginning Date (mm/dd/yyyy)   Ending Date (mm/dd/yyyy)   Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any. _____

_____

Section 3	**Advance Estimate of Payroll and Contribution Information**

Report for the last four months on pay status by payroll service period. Contributions should not be deducted after separation.

Pay Period From (mm/dd/yyyy)	Through (mm/dd/yyyy)	Pay Rate	Time Worked	Amount of Time Earned

Retirement Contributions ☐ Normal ☐ Other ☐ Specify

Pay Period From (mm/dd/yyyy)	Through (mm/dd/yyyy)	Pay Rate	Time Worked	Amount of Time Earned

Retirement Contributions ☐ Normal ☐ Other ☐ Specify

Pay Period From (mm/dd/yyyy)	Through (mm/dd/yyyy)	Pay Rate	Time Worked	Amount of Time Earned

Retirement Contributions ☐ Normal ☐ Other ☐ Specify

Pay Period From (mm/dd/yyyy)	Through (mm/dd/yyyy)	Pay Rate	Time Worked	Amount of Time Earned

Retirement Contributions ☐ Normal ☐ Other ☐ Specify

Section 4	**Unused Sick Leave at Time of Separation**

Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Total number of **days** of unused sick leave at time of separation. _____

Section 5	**Certification of Employer**

The above information is based on payroll information currently available.

_____   _____
Signature of Payroll Officer   Title

_____   (_____) _____
Date (mm/dd/yyyy)   Phone Number

Mail to:	**CalPERS Benefit Services Division** • P.O. Box 942711, Sacramento, California 94229-2711